



JRCE /2834
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I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS FIRST CLASS MAIL IN AN ENVELOPE ADDRESSED TO: ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON, DC 20231, ON THE DATE INDICATED BELOW.

By: Judi E. Morgan

Date: December 4, 2002 #15

PATENT
BOX RCE

RCE
J. EVANS
2.11.03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Patent Application of : Group Art Unit: 2831
Kevin Guangjun Cai, et al.
Conf. No.: 2527
Appln. No.: 09/776,676 : Examiner: Chau N. Nguyen
Filed: February 6, 2001
For: KAOLIN ADDITIVE IN : Attorney Docket
MINERAL INSULATED METAL : No. 600214-47US
SHEATHED CABLES : (32536)

AFTER FINAL REQUEST FOR CONTINUED EXAMINATION (RCE)
UNDER 37 C.F.R. 1.114

This is a request under 37 CFR 1.114 for continued examination (RCE) of the above identified application in response to the Office Action mailed September 4, 2002 (Paper No. 11). Enclosed are the following in support of the RCE under 37 C.F.R. 1.114:

- Enter the unentered Amendment previously filed on &@ under 37 CFR 1.116 in the above application.
- An Amendment
- An Information Disclosure Statement, PTO/SB/08A and cited references.
- New formal drawings.
- A Petition for Extension of Time to &@ for the pending application.
- Other: &@

The following fees are enclosed:

- RCE fee of \$740.00 required under 37 C.F.R. 1.17(e).
- Extension of time fee in the amount of \$ _____.00

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- Additional claim fees of &@ for excess claims submitted in the enclosed Amendment, calculated as follows:

				SMALL ENTITY		LARGE ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	RATE	ADDT. FEE
TOTAL	(-)	or 20		x9		x18	
INDEP.	(-)	or 3		x42		x84	
11 1st PRESENTATION OF MULTIPLE DEPENDENT CLAIMS				+\$140		+\$280	
				TOTAL		TOTAL	

- Firm check(s) totalling \$740.00 is enclosed herewith.
- The Commissioner is hereby authorized to charge and/or credit Deposit Account No. 50-1017 (Billing No. 600214.0047) as noted below. A duplicate copy of this sheet is enclosed.
- Any overpayments or deficiencies in the above-calculated fee(s).
- RCE fee in the amount of \$_____.00.
- Extension fee in the amount of \$_____.00
- Additional claim fee(s) in the amount of \$_____.00 as calculated above
- Any additional fees required under 37 C.F.R. §§ 1.16 or 1.17.
- In the event that a Petition for Extension of Time is required, but not enclosed, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account noted above.

CORRESPONDENCE ADDRESS

12/4/02

(Date)

By:

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Enclosures

Filed 1-28-03
PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

09/1776676

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	18 minus 20 = *	—
INDEPENDENT CLAIMS	6 minus 6 = *	—
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE

OR OTHER THAN
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	370.00	OR BASIC FEE	760.00
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL		OR TOTAL	150 ^{ED}

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	** 20	= —
Independent	* 4	Minus	*** 6	= —
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.